

Redmond Parks and Recreation Department Medications Information and Authorization

Please fill out and bring to first class. Copies of this form are acceptable.

(Please print)		
Program Name	Program Date(s)	
Participant's Name		
Home Phone	Birthdate	Age
Email Address		
Address		City/Zip
Parent/Guardian		Work Phone
Address		City/Zip
Emergency Contact:		
Name	Phone	Relationship
Doctor/Hospital		Phone
my/our child to be treated by a linjury, accident, or illness. I/V participation, including transport indemnify, and agree to hold supervisors, instructors, voluntees	n emergency occur, for which hospital, physician, or other cere. We further agree to assume all ration to and from the activities tharmless City of Redmond Pers, and authorized persons transports or my/our child, except	I cannot be contacted, I/we will allow tified medical personnel in the event of ll risks and hazards incidental to such and do hereby waiver, release, absolve, arks and Recreation Department, park sporting myself or my/our child for any of injury caused by or resulting from the
Signature(s)	I	Date
Signature(s)	Ι	Date